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**\*BIBDATASHEET\*****CONFIRMATION NO. 4849**

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/851,738	<b>FILING OR 371(c) DATE</b> 05/09/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1653	<b>ATTORNEY DOCKET NO.</b> P03660US5
<b>APPLICANTS</b> Thomas R. Coolidge, Falls Village, CT; Mario R.W. Ehlers, Lincoln, NE;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/302,596 04/30/1999 PAT 6,284,725 which claims benefit of 60/103,498 10/08/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/04/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 10
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> ARNOLD & PORTER Attn IP Docketing Department Room 1126B 555 Twelfth Street NW Washington ,DC 20004-1206				
<b>TITLE</b> Metabolic intervention with GLP-1 to improve the function of ischemic and reperfused tissue				
<b>FILING FEE RECEIVED</b> 427	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	